

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sheshakamal H. Jayaram et al. : Group No.: 1724  
Serial No.: 10/599,424 : Examiner: Phasge, Arun S.  
Filed: August 1, 2008 :  
For: ELECTRIC FIELD FLUID TREATMENT CHAMBER :

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:  
Transmittal (3 pages)  
Amendment in response to the Office Action dated April 4, 2011 (13 pages)

## STATUS

2. Applicant  claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

(a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 130.00	\$ 65.00
second month	\$ 490.00	\$ 245.00
third month	\$ 1,110.00	\$ 555.00
fourth month	\$1,730.00	\$ 865.00
fifth month	\$2,350.00	\$1,175.00

Fee: \_\_\_\_\_ \$ 0

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

(b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
TOTAL INDEP.	34	MINUS 30	=4	x \$26.00 = \$104	x \$52.00 = \$
		MINUS	=	x \$110.00 = \$	x \$220.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$195.00 = \$	+ \$390.00 = \$
				TOTAL ADDITIONAL FEE \$104	OR TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

OR

(b)  Total additional fee for claims required \$ 104.00

#### FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$104.00.

**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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